Specialized Foster Care Plan (FC Plan) Workgroup

Session #8: Network Adequacy & Workgroup Lookback and Next Steps

August 9, 2021, 3:00 pm – 4:30 pm

FC Plan Workgroup

Session #8: Network Adequacy & Workgroup Lookback and Next Steps

Before we begin, please:

Note today's Workgroup session will be recorded

Display your name and organization in your Zoom display

Agenda

- Today's Goals .....3:00 – 3:05 pm
- Workgroup Lookback .....3:05 – 3:50 pm
- Deep Dive: Network Adequacy .....3:50 – 4:20 pm
- Next Steps .....4:20 – 4:25 pm
- Wrap-Up .....4:25 – 4:30 pm

Where We Are Today: FC Plan Workgroup Session #8

Session #	Dates	Proposed Topic(s)
✓	April 19, 2021 3 - 4:30pm	❑ Introduction to FC Plan Workgroup and Approach ❑ FC Plan Overview ❑ Statewide Design
✓	May 3, 2021 3 - 4:30pm	❑ Eligibility & Enrollment ❑ Benefits/Services
✓	May 17, 2021 3 - 4:30pm	❑ Care Management
✓	June 7, 2021 3 - 4:30pm	❑ Stakeholder Brainstorm on Care Management
✓	June 22, 2021 3 - 4:30pm	❑ Care Management, cont.
✓	July 12, 2021 3 - 4:30pm	❑ Quality and Outcomes
✓	July 26, 2021 3 - 4:30pm	❑ Network Adequacy
8	August 9, 2021 3 - 4:30pm	❑ Workgroup Lookback and Next Steps ❑ Network Adequacy, cont.

Workgroup Lookback

Statewide Design

Stakeholder Feedback	Current FC Plan Design
Ensure continuity of care management and services for families regardless of where they are located in the state, including during placement changes or transitions	Members will receive **continuous FC Plan care management** throughout their enrollment in the plan, with a designated care manager coordinating services, including during transitions, regardless of where an individual is located in the state

Stakeholder Feedback	Ongoing Design Approach
Establish standardized processes that facilitate and streamline how county-based DSS child welfare workers and families interact with the FC Plan	Continue **engagement with state and local DSS** to develop **clear, standardized processes** with delineated roles and responsibilities for communication/information sharing between the FC Plan and DSS child welfare workers and to ensure stakeholders and families are appropriately trained and/or informed
Build local relationships to ensure the FC Plan can appropriately identify and address local/county needs, including in rural areas	Consider requirement for the FC Plan to work with **community-based organizations** to **identify local needs**, leverage community resources and provide families with information and support from trusted community sources

**Full feedback for each design session is provided in the Appendix*

Eligibility & Enrollment

Stakeholder Feedback	Current FC Plan Design
Ensure FC Plan eligibility design considers the different potential placement arrangements for children and youth currently involved in the child welfare system	The FC Plan will cover: • Children/youth who reside with foster families, are in kinship care, or are in therapeutic foster homes • Former foster youth who aged out of care, up to age 26 • Children/youth receiving adoption assistance • Minor children of individuals eligible for FC Plan enrollment
Continue to provide children and youth with needed support through the FC Plan after reunification and/or permanency is achieved	Children and youth who exit foster care will remain eligible for and enrolled in the FC Plan for the duration of the eligibility coverage year during which they exited foster care and for the subsequent coverage year

Eligibility & Enrollment

Stakeholder Feedback	Ongoing Design Approach
Expand FC Plan eligibility to the following groups in order to support family preservation, reunification, and permanency, in alignment with FFPSA principles: • Children/youth and families receiving in-home services, • Children/youth who are "candidates" for foster care as defined by FFPSA, and • Siblings/kinship/biological parents of children/youth in foster care	• Convene a **cross-departmental group of subject matter experts** to review the considerations and feasibility of expanding eligibility to recommended groups • Continue to gather input from stakeholders working in and served by the child welfare system
Ensure clear and simple eligibility and enrollment policies and procedures to minimize coverage disruptions	• Develop **training and support materials for DSS caseworkers** • Review and refine **transition of care requirements** to ensure enrollment policies support continuity of coverage for families involved in the child welfare system
Provide easy-to-understand communication, outreach, and training to "boots on the ground" stakeholders—including DSS child welfare workers—and families to ensure they have the support needed to make informed decisions about plan enrollment	• Consider the appropriate **level of training required** for DSS child welfare workers on the FC Plan • Consider required **training for enrollment brokers** on working with stakeholders and families considering enrollment in the FC Plan

Benefits/Services

Stakeholder Feedback	Current FC Plan Design
Ensure FC Plan benefits include robust behavioral health services to meet the needs of children and youth involved in the child welfare system	• The FC Plan will provide **comprehensive benefits** for physical health, behavioral health, LTSS, and pharmacy. • **Enhanced behavioral health services**, including therapeutic foster care and SUD services, will be covered under the FC Plan. (All benefits covered in the BH/IDD Tailored Plan will be covered in the FC Plan)

Stakeholder Feedback	Ongoing Design Approach
Coordinate with DSS to provide families with preventative services to proactively mitigate family disruption and the need for higher levels of care, in alignment with FFPSA requirements	The Department is **engaging with DSS** on aligning services with FFPSA requirements and will review the **feasibility of covering prevention-oriented services**, including consideration for federal Medicaid coverage rules
Identify additional services that meet the unique needs of families involved with the child welfare system and effectively engage and support families in their care	The Department is exploring the **feasibility of adding new covered services** such as family partners and youth/peer supports
Build greater capacity for families to access and receive community-based services, thereby mitigating multiple changes in placements	*See design consideration under "Network Adequacy"*

Care Management

Stakeholder Feedback	Current FC Plan Design
Ensure a clear delineation of roles and responsibilities between FC Plan care managers and DSS child welfare workers to facilitate effective collaboration in addressing needs of families in child welfare system	• FC Plan care manager and DSS child welfare worker roles and responsibilities are clearly **delineated to promote coordination and avoid duplication of work**; the Department has engaged DSS to validate roles and responsibilities and co-location of FC Plan care managers in local DSS offices to solidify coordination
Optimize System of Care approach to coordinate services between and help families navigate the various agencies and organizations to support their needs	FC Plan is required to align with System of Care approach for all members ages three and up; Plan must also develop a **System of Care policy** and hire **dedicated System of Care staff** to advance alignment
Ensure families receive high-quality, trauma-informed care at the right place and at the right time	• FC Plan staff and network providers must be **trained on and deliver trauma-informed care** • FC Plan care managers must **arrange for care in appropriate settings 24 hours per day/7 days per week** for children/youth

Care Management

Stakeholder Feedback	Current FC Plan Design
Provide intensive care management support during clinical and key non-clinical transitions for families in the child welfare system, including during/after placement changes and reunification	• FC Plan care managers will provide **robust transitional care management during both clinical and non-clinical transitions**, including participate in discharge planning, facilitate clinical handoffs, and arrange for needed follow-up services following a transition
Engage parents, guardians, and other family supports (as appropriate) in decision making for care of a child/youth	• Appropriate family supports will be engaged and invited to be part of a **child/youth's care team;** • FC Plan will align with System of Care framework to ensure **service delivery is child/youth- and family-driven**

Care Management

Stakeholder Feedback	Ongoing Design Approach
Facilitate information sharing and communication between all entities supporting a family involved in the child welfare system, including providers, FC Plan care manager, DSS child welfare worker, and parents/guardians (as appropriate)	• Explore options for **strengthening FC Plan data sharing requirements** to ensure all stakeholders involved in care of child/youth have the necessary information to address health and health-related needs
Empower transition-age youth to make informed choices about their health and provide targeted support for successful transitions to adulthood	• Require FC Plan to provide an **electronic version of the Health Passport** to transition-age youth • **Partner with former foster youth peer organizations** (e.g., SaySo) **to provide support** for youth aging out of the child welfare system
Provide care management that is family-centered and advances the goals of family preservation, reunification or permanency, in close coordination with DSS	• The Department is evaluating current FC Plan design for **consistency with family-centered approach to care management**
Provide swift and robust support for families in crisis and take a proactive approach to crisis planning	• The Department will be reviewing approaches for **strengthening current crisis response-related requirements**

Quality and Outcomes

Stakeholder Feedback	Current FC Plan Design
Clarify if FC Plan will have same population health programs as SP and TP (e.g., smoking cessation, pre-natal programs, employment programs)	The **same population health requirements** that SPs and TPs will observe will apply to the FC Plan
Stratify data by key demographic variables	The FC Plan will **report measures against a set of stratification criteria** that may include, but is not limited to, race and ethnicity, geography, age, and gender
Track wait times for health care visits	The FC Plan must submit an **annual "Timely Access Provider Appointment Wait Times Report"** for both physical health and behavioral health appointment wait times
Track number of mental health residential placements	The FC Plan will submit an annual Quality Assurance and Performance Improvement (QAPI) Plan. The QAPI must include a mechanism to **detect under/overutilization of services including county-by-county use of congregate care settings** and use of community/home-based services for youth residing in foster care settings who have behavioral health diagnoses

Quality and Outcomes

Stakeholder Feedback	Ongoing Design Approach
Introduce family-based outcomes measures into plan measure set and publish results	• Define specific **data that DSS will capture to monitor family-based outcomes**, and determine a process for how the Department will review, share, and respond to this information
Reduce survey/assessment burden on children, youth, and families	• Identify opportunities to **streamline and optimize surveys/assessments** that are administered to monitor outcomes
Capture data on additional priority areas for children, youth, and families in foster care, including but not limited to referral acceptance and risk of trafficking	• Explore opportunities to capture this information by **reviewing validated process and outcomes measures**, to the extent such measures exist, and considering ways to augment the data that will be tracked at the State level
Clarify which individuals may be surveyed as "caregivers" (e.g., biological parent, legal guardian)	• Revisit **survey administration guidance** and incorporate clarifications, as needed
Consider aligning quality measures with Family First Prevention Services Act (FFPSA)	• Continue ongoing efforts across the Department to **define metrics that will be captured under FFPSA**

Network Adequacy

Stakeholder Feedback	Current FC Plan Design
Hold FC Plan accountable for ensuring families have consistent access to high-quality services across the state	• The FC Plan must abide **by service-specific network adequacy standards**, report on **appointment wait times** to ensure members can access and receive services by the required timeframes, **and monitor under/overutilization of services** (e.g., PRTFs) • The Department can impose **financial penalties** on plans that do not meet established network adequacy
Promote equitable distribution of resources so rural/less populous areas have access to needed services	• The FC Plan will be required to identify **strategies to support and sustain providers in rural and other traditionally underserved areas** • *The Department will also consider how to build in payment flexibility for rural providers when developing rates*

Network Adequacy

Stakeholder Feedback	Ongoing Design Approach
Ensure providers receive necessary training and support to deliver trauma-informed care and meet the unique needs of the families in the child welfare system	• In addition to current requirements for training on trauma-informed care and ACEs, review recommended topics submitted by stakeholders and consider the **appropriate funding necessary for provider training** • Engage with providers to gather input on what support and training (e.g., comprehensive consultation services) is needed to **reduce acuity/specialty-based rejections**
Build local capacity to provide community-based crisis services and prevent over-utilization of residential treatment services	• Align the FC Plan with broader **state-level strategies to develop capacity in community-based services** in order to free up residential services capacity for children/youth whose needs cannot be met in the community
Use a more granular approach to network adequacy, rather than a "one-size-fits-all" approach, including establishing service-specific standards where needed to ensure sustainability for providers across the state, particularly behavioral health and crisis service providers	• Convene a cross-departmental working session to identify specific services that require **modified network adequacy standards** that support **high-quality services** and **provider sustainability**

Deep Dive: Network Adequacy Proposed Design

Ensuring Network Adequacy in Medicaid Managed Care

DHHS will use a variety of strategies* to ensure members have timely access to needed care, regardless of which plan they are enrolled in.

Time and Distance Standards

- Plan members must be able to see a provider that is within a certain number of minutes and/or miles from them

Wait Time Standards

- Members must be able to make an appointment or be admitted for services within a certain time period

Financial Penalties

- DHHS can impose financial penalties on plans that do not meet network adequacy standards established by DHHS

Telehealth services cannot be used to satisfy time and distance standards, but a plan can request to temporarily use telehealth services when it can't fulfill network adequacy requirements. However, the plan must continue to work to build in-person provider capacity.

**For additional details about DHHS's current Medicaid Managed Care network adequacy strategy, see "North Carolina's Medicaid Managed Care Quality Strategy" paper here.*

Network Adequacy Design

The FC Plan will include a network of physical health, behavioral health, I/DD, LTSS, and specialty providers across the State in order to achieve statewide reach.

"Provider" is defined as:
"Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State in which it delivers the services."

Design Feature	Proposed Approach
Provider Network	• The Department proposes the FC Plan have an **open network** for **physical health services** and contract with "any willing provider" that meets required quality standards • The Department continues to consider input from stakeholders on network adequacy and provider network design, including provider network design for **behavioral health services**.

Network Adequacy Design

The FC Plan will include a network of physical health, behavioral health, I/DD, LTSS, and specialty providers across the State in order to achieve statewide reach.

Design Feature	Proposed Approach

Network Access Plan	• The FC Plan must develop a **Network Access Plan** detailing strategies it will use to ensure sufficient provider capacity for clinically appropriate access and utilization of the below services that serve children and youth with significant needs, including how the FC Plan will monitor utilization and develop clinical practice and provider training guidelines.
	  • **Therapeutic Foster Care**. The FC Plan will also pursue efforts to enhance capacity.
	  • **Coordinated Specialty Care (CSC) programs**. The FC Plan will focus efforts to enhance access for members who have or are at high risk of psychosis.
	  • **PRTFs**. The FC Plan will identify gaps in access due to bed shortages for specific populations (e.g., male/female, dual diagnosis, medical co-morbidity).
	  • **Mobile Crisis Management Services**. The FC Plan will also work to improve response time and requiring pediatric-specific training for mobile crisis response team.
	• The FC Plan must detail how children's health needs will be met using **appropriate child-focused specialty services** (e.g., in-network providers who have special training in pediatrics, child health and trauma-informed care)

Out of Network Services	• If the FC Plan is unable to provide a covered service within its network, it must cover the needed service with an **out of network provider** to ensure timely access, taking into account the urgency of the need for services.

Provider Training & Specialty Providers

The FC Plan must provide education and training to all network providers and develop a Provider Training Plan to ensure network providers receive the appropriate training necessary to understand the needs of the families and caregivers served by the FC Plan.

Design Feature	Proposed Approach

Access to Specialty Providers	• The FC Plan's **Network Access Plan** must detail efforts to contract with providers that provide **evidence-based or best practice treatments** including:
	  • Child Parent Psychotherapy
	  • Parent Child Interaction Therapy (PCIT)
	  • Cognitive Behavioral Therapy
	• The FC Plan must detail an approach to ensuring children have access to specialized providers including **child psychologists and child/adolescent psychiatrists** and report on the proportion of member who have been **assessed by a child/adolescent psychiatrist** in an outpatient setting.

Provider Training	• The FC Plan's **Provider Training Plan** must include training topics specific to the needs of the FC Plan population including:
	  • Principles of **trauma-informed care** for children with **ACEs** and involved in the child welfare system
	  • Use of **dyadic therapy** as a Medicaid covered service(e.g., Child Parent Psychotherapy)
	  • Principles of the state's **System of Care** framework

Network Adequacy Standards

Network adequacy standards are generally consistent for physical health providers (e.g., primary care, hospitals, pharmacies) across the SPs, BH I/DD TPs and FC Plan. For a sub-set of specific behavioral health services, network adequacy standards are specific to the FC Plan.

Design Feature	Proposed Approach
Select Wait Time Standards	**Behavioral Health Services.** • Mobile Crisis Management Services: *within 2 hours* • Facility-Based Crisis Management Services: *immediately (24 hrs/day, 365 days/year)* • Emergency Services for Mental Health and SUDs: *immediately (24 hrs/day, 365 days/year)* • Urgent Care for Physical and Mental Health and SUD Services: *within 24 hours* • Routine Services for SUDs: *within 48 hours* • Routine Mental Health Services: *within 14 calendar days* **Primary Care.** • Preventative Care/Routine Check-Up: *within 30 calendar days*
Select Time & Distance Standards	**Behavioral Health Services.** A sub-set of providers below have **specific FC Plan standards** to account for the Plan being statewide (as opposed to SPs and BH I/DD TPs which are regional): • Crisis services • Inpatient BH services • Community/Mobile Services • Residential Treatment Services

Discussion on FC Plan Network Adequacy

For Discussion

Which specific services are stakeholders most concerned in terms of quality of services and sustainability for providers?

Next Steps on the Design of the FC Plan

Next Steps

Continue ongoing engagement with DSS to ensure shared vision on FC Plan coordination requirements and alignment with FFPSA requirements

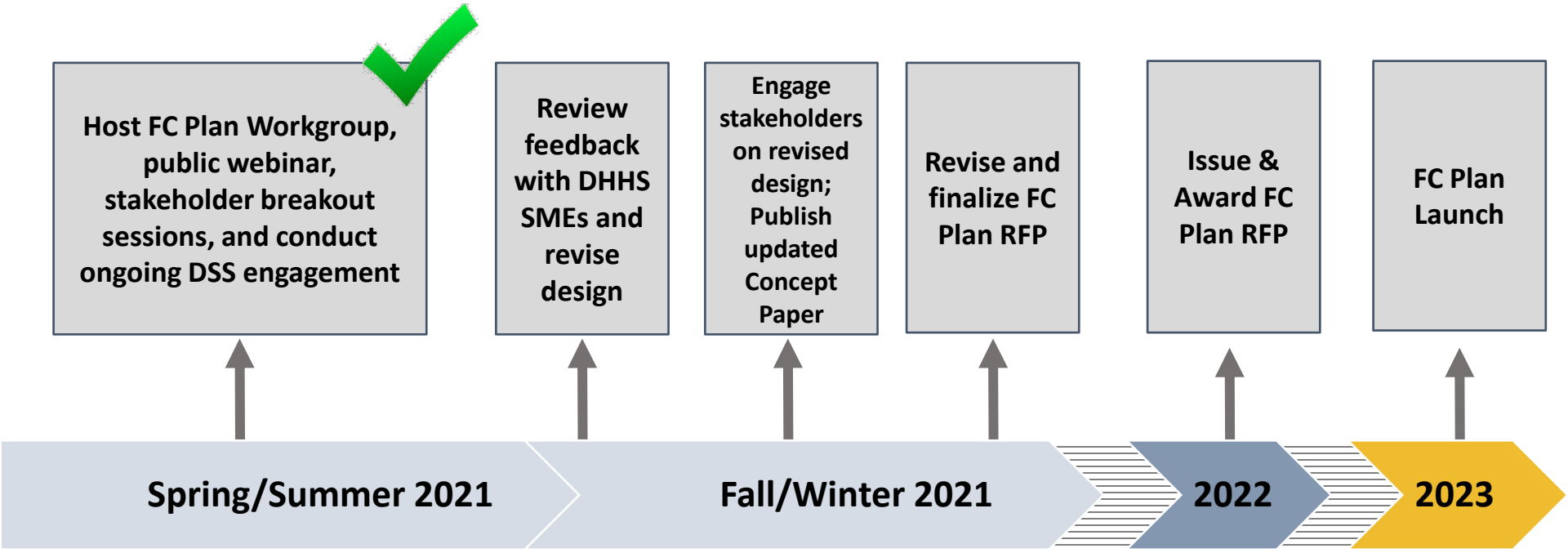
Determine modifications needed to FC Plan design based on stakeholder feedback and:

- ❑ Convene FC Plan Workgroup in fall 2021 to review changes to plan design
- ❑ Release updated FC Plan concept paper
- ❑ Convene public webinar
- ❑ Solicit second round of public comment on FC Plan

Finalize FC Plan RFP

Comments, questions, and feedback are all welcome at Medicaid.NCEngagement@dhhs.nc.gov.
The Department will also continue to provide regular updates at:
https://medicaid.ncdhhs.gov/transformation/specialized-foster-care-plan

FC Plan Development Timeline



Appendix

Session #1 Recap: Statewide Design Considerations

Stakeholder Feedback

- Striking balance between consistency of coverage for all members regardless of their location and seamlessness of maintaining coverage/care when members move across the state and Plan's knowledge of local/regional issues and provision of individualized care
- Ensuring access to diverse set of providers; requires strong network adequacy requirements
- Promoting equitable distribution of resources so rural/less populous areas do not miss out
- Coordinating with county-based DSS system to standardize processes but also allow for flexibility to customize based on each county's uniqueness
- Optimizing System of Care to close gaps within the child welfare system and promote better outcomes for children, youth and families
- Ensuring sufficient volume of eligible members to support viability of a FC-specific plan, rather than fold FC population into other managed care plans
- Identifying special processes/coordination for IHS members and ECBI child welfare system (separate than DSS) and Tribal Option, which will be default plan for those individuals

Session #2 Recap: Eligibility/Enrollment & Benefits Design Considerations

Stakeholder Feedback

Eligibility & Enrollment

- Extending eligibility to Medicaid-eligible:
  - Biological parents of children/youth in foster care
  - Siblings of children/youth in foster care
  - Children receiving in-home services
  - Parents of children receiving in-home services
- Permitting vs. limiting opt-in to other health plans (e.g., Standard Plan or Tailored Plan)
- Establishing robust and clear consumer communication strategy, conducting trainings for DSS, community-based stakeholders, and the Enrollment Broker, and developing clear guidance and policies for helping all stakeholders understand the unique features of the FC Plan.
- Minimizing coverage disruptions

Benefits

- Extending service provision to include preventive services
- Aligning with FFPSA and delineating services paid for by FC Plan/Medicaid vs. FFPSA/DSS

Session #3-5 Recap: Care Management – Overall Design

Stakeholder Feedback

- **Family Centered.** Design family-centered care management that promotes family preservation, reunification and permanency (e.g., addresses housing, SDOH), mitigates additional trauma for children and families, and ensures support for parents/guardians (e.g., biological parents, kinship, adoptive/foster parents).
- **Preventative Approach.** Ensure a proactive, preventative approach to mitigate crises and meet the objectives of the FFPSA.
- **Local Coordination.** Engage and cultivate relationships with stakeholders in local communities (i.e., school personnel).
- **Provider-Based Care Management.** Consider the role local providers can play in care management and allow sufficient time for providers to prepare for roles/responsibilities in the FC Plan.
- **Quality and Outcomes.** Develop strategic metrics to improve outcomes (i.e., collective scorecard) and establish clear methods for accountability.
- **Data Sharing.** Establish clear data-sharing agreements that will facilitate information sharing and coordination between FC Plan, DSS and providers.
- **DSS Coordination.** Clearly delineate roles and responsibilities for child welfare workers and FC Plan care managers to ensure clarity on who is the designated decision maker and to ensure coordination effectively work towards reunification and permanency.
- **DSS Co-Location.** Consider lessons learned from local DSS offices that have already implemented co-location and considerations for rural DSS offices for any care manager/DSS co-location design.
- **System of Care.** Align with the state System of Care model and include family/youth supports during child and family team meetings in order to identify and prevent non-clinical crises; ensure use of Tribal System of Care when appropriate

Session #3-5 Recap: Care Management –Services to Meet the Unique Needs of the FC Plan Population

Stakeholder Feedback

- **Transition-Age Youth**. Provide resources and supports for successful community integration (e.g., life skills training, educational/vocational opportunities, making informed decisions about their health care, and understanding how their Medicaid enrollment works).
- **Transitions of Care.** Support unique points of transitions for children and youth (i.e., reunification, aging out of foster care) in addition to clinical transitions of care.
- **Crisis Response.** Address the needs of children and youth in crisis situations and coordinate appropriate wraparound and residential services, especially for children and youth with complex needs. Crisis response and connection to services should be immediate in cases of emergency.
- **Medication Management.** Establish clear "triggers" for care managers to coordinate with clinicians on medication review, assessment and reconciliation. Update medication management plans continually and especially following transitions and crises.
- **Health Passport.** Use the "Health Passport" to empower transition-age youth with necessary information about their health, benefits and Medicaid/health insurance options. Ensure the Health Passport is available electronically.
- **"Single Level" of Foster Care.** Consider benefits of a "single level" of foster care to limit changes in placement.

Session #3-5 Recap: Care Management – Overall Design Coordinating with the Child Welfare System

Stakeholder Feedback

- **Coordination with Other Child Welfare Stakeholders.** Consider what coordination must occur with stakeholders and private agencies that work with licensed foster families and kinship.

- **Training/Workforce Development**. Establish clear training requirements for providers and child welfare workers, including importance of medication management and trauma-informed care/assessments; ensure child welfare staff and families can make informed decisions about their care and improve fidelity to the model (e.g., leverage family partner coordinators).

- **Justice-Involved Population.** Consider what support is needed for children/youth who are involved with the juvenile justice system as well as those who have parents that are incarcerated or justice-involved.

Session #6 Recap: Quality & Outcomes

Stakeholder Feedback

- **Coordination with DSS.** Recommend measuring joint outcomes between FC Plan and DSS and aligning with FFPSA requirements.
- **Family-based Measures:** Consider feasibility for FC Plan to measure family-centered outcomes around family preservation, reunification, stability.
- **Process/Utilization Measures.** Recommend FC Plan report additional measures, including:
    - Proportion of providers accepting new referrals
    - Wait times for appointments
    - Number of residential placements
- **Stratifying Measures.** Support for stratifying quality measures around demographics (e.g., race, ethnicity, geography, gender, primary language, ability/disability) to identify opportunities for quality improvement.

Session #7 Recap: Network Adequacy

Provider Capacity

- **Provider "Cherry Picking":** Providers should not be able to turn away members with acute behavioral health needs that may be difficult to treat (e.g., due to aggression). This causes more instability and frequent placement changes. Recommend requiring specialty provider to demonstrate a "no rejection" policy or frequent discharges.
    - *Design Recommendation Under Consideration: Engage with providers to gather input on what support is needed to reduce acuity/specialty-based rejections. Provide that support and training (e.g., comprehensive consultation services) so providers are prepared to care for members with acute behavioral health needs rather than turning them away.*
- **Incentivizing Quality Services:** Recommend identifying reasons why providers do not deliver needed services, address those reasons, and provide incentives to experienced, quality providers to provide needed services.

Session #7 Recap: Network Adequacy

Provider Capacity (cont.)

- **Residential Services:** Increase timely access for residential treatment services and PRTFs to mitigate months-long waits and placements in inappropriate settings for children/youth.
    - *Design Recommendation Under Consideration: In parallel to creating new residential treatment capacity, work to develop capacity in community-based services in order to free up residential services capacity for children/youth whose needs cannot be met in the community.*
- **Crisis Services:** Evaluate how to build local community capacity to respond to crises/emergencies, such as additional training for therapeutic foster parents and improving quality of therapeutic foster care.
    - *Design Recommendation Under Consideration: Implement solutions likely to be effective.*
- **Out-of-Network Providers:** Concerns about guaranteed access to all pediatric specialists, particularly pediatric subspecialists. Recommend members be allowed to access any pediatric subspecialist enrolled with NC Medicaid Direct, as well as treatment by out-of-state specialists who meet Medicaid standards.
- **Impact on Rural Providers**: Concern that requirements may be onerous on smaller provider practices and practices in rural areas. Payment rates should be adequate to ensure rural provider participation to mitigate service gaps.
    - *Design Recommendation Under Consideration: Build in payment flexibility for rural providers when developing rates.*

Session #7 Recap: Network Adequacy

Ensuring Network Adequacy

- **Appointment/Admission Wait Times:** Recommend network adequacy be measured in the number of days it takes to get a child into an appointment or be admitted, not just the existence of providers.
- **Behavioral Health Providers:** Recommend network adequacy requirements for behavioral health be service specific and have appropriate appointment/admission access requirements. Recommend providing stipend funding for behavioral health providers.
    - *FC Plan design includes service-specific network adequacy standards, including appointment wait time requirements and time/distance standards to access provides.*

Open Vs. Closed Network

- **Quality of Services:** Allowing "any willing provider" could dilute the quality of services and make it unsustainable for providers to maintain high service standards.
- **Sustainability for Current Providers:** New providers in an open network may replicate existing services and negatively impact the economy of scale needed to deliver quality services.
- **Availability of Providers:** If network is closed, there may not be enough providers to meet demand or allow for adequate choice for the full spectrum of services across provider types while maintaining network quality.

Session #7 Recap: Network Adequacy

Recommended Provider Training Topics

- Trauma, trauma-informed care, and specialized assessments to identify trauma-related needs *(currently included in FC Plan design)*
- ACEs *(currently included in FC Plan design)*
- Treatment for children who have been sexually abused and/or have sexual behavior problems
- SUD for children/youth
- Needs of LGBTQ+ children/youth
- Service accommodations for children/youth with co-occurring mental health and I/DD needs
- Conduct disorder and interfacing with Division of Juvenile Justice
- Unique needs of children/youth in DSS custody

Provider Rates

- Clarify details about rates and rate adequacy and overall funding strategy for FC Plan (e.g., capitation, funds to support infrastructure development).

Administrative Burden

- The FC Plan will add another layer of administrative burden for providers (e.g., contract negotiations, reporting requirements) that may stifle provider participation and impact access for the FC Plan population.
- Concern that contracting between plans and out-of-network providers (PRFTS, group homes, etc.) is too administratively burdensome and members miss out on open beds due to time spent on paperwork.

FC Plan Workgroup Participants

Name	Organization	Stakeholder
Teka Dempson	Child Welfare Advisory Council	Advocacy Group
Tiffany Munday	Guardian ad Litem	Advocacy Group
Kaylan Szafranski	NC Child	Advocacy Group
Fredrick Douglas	NC Families United	Advocacy Group
Nicole Dozier	NC Justice Center	Advocacy Group
Ms. Shanita	SaySo	Advocacy Group
Tara Larson	EBCI Public Health and Human Services	EBCI
Christy Street	NC Pediatric Society/Fostering Health	Provider
Dr. Molly Berkoff	UNC Child Medical Evaluation Program	Provider
Karen McLeod	Benchmarks	Provider
Peter Kuhns	Department of Juvenile Justice (DJJ)	State/Local Agency
Lisa Cauley	Division of Social Services (DSS)	State/Local Agency
John Eller (Mecklenburg County DSS) **Brenda Jackson** (Cumberland County DSS) **Lizzi Shimer** (Buncombe County DSS)	NC Association of County Directors of Social Services	Local Agency

FC Plan Workgroup Participants

Name	Organization	Stakeholder
Sean Kenny (Trillium) **Rhonda Cox** (Vaya) **Lynn Grey** (Partners Health)	Representatives from*: • Alliance Health • Cardinal • Eastpointe • Partners Health • Sandhills • Trillium • Vaya Health	LME/MCOs
Julie Ghurtskaia (CCH) **Sarah Goscha (UHC)** **Matt Oettinger (WellCare)**	Representatives from*: • AmeriHealth • Healthy Blue • Carolina Complete Health • UnitedHealthcare • WellCare	Standard Plans
Kimberly Deberry	CCNC	Other Stakeholder(s)

**Representatives may rotate per session*